CONTINUE ON REVERSE

EPA Form 8700-12 (6-80)

SEPA	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY INSTRUCTIONS: If you received a preprinted
INSTALLA- TION'S EPA I.D. NO.	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information
NAME OF IN-	WILLIAMS PIPE LINE COMPANY WILLIAMS PIPE LINE COMPANY in the appropriate section below. If the lubel is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted
INSTALLA- TION II. MAILING ADDRESS	10601 Franklin Avenue Franklin Park, IL 60131 10601 Franklin Park, IL 60131 Indeed, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer
LOCATION IIL OF INSTAL- LATION	10601 Franklin Avenue Franklin Park, IL 60131 Oliver 14 2 7 AUG 20 the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
FOR OFFICIAL	。 《大學》(1986年) 1986年 - 19
C	COMMENTS
15 16	ON'S EPA I.D. NUMBER: APPROVED DATE RECEIVED
FILDOO	06730537/A B 800818
1. NAME OF INS	TALLATION 22 14 15 16 17 22 17 18 18 18 18 18 18 18 18 18 18 18 18 18
WILLIA	MS PIPE LINE COMPANY
	ON MAILING ADDRESS
3 1 0 6 0 1	Franklin Avenue
15 16	45
4 Frank	lin Park IL 6 0 1 3 1
III. LOCATION (OF INSTALLATION
	STREET OR ROUTE NUMBER
5 1 0 6 0 1	Franklin Avenue
<u>c</u>	CITY OR TOWN ST. ZIP CODE
6 F r a n k	40 41 42 67 - 51
IV. INSTALLAT	NAME AND TITLE (last, first, & job title) PHONE NO. (grea code & no.)
2 K E E A R	N S R G M G R E N V A F F A I R S 9 1 8 5 8 8 3 2 4 8
V. OWNERSHIP	A5 46 - A6 49 - 51 52 - 55
	A. NAME OF INSTALLATION'S LEGAL OWNER
8 1 1 1 1	AMS PIPE LINE COMPANY
B. TYPE OF (enter the appropri	
F = FEDERAL M = NON-FE	
	RANSPORTATION (transporters only - enter "X" in the appropriate box(es))
A. AIR	B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):
·	GUBSEQUENT NOTIFICATION
Mark "X" in the app	propriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification, st notification, enter your installation's EPA I.D. Number in the space provided below.
	C. INSTALLATION'S EPA I.D. NO. NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)
IX. DESCRIPTIO	N OF HAZARDOUS WASTES
	rse of this form and provide the requested information

				iic ⊖R _i o	FFICIAL USE ONLY
				WILDOO	067305321
IX. DESCRIPTION OF HAZ	ZARDOUS WASTE	S (continued from t	ront)		13 14 15
A. HAZARDOUS WASTES FRO waste from non—specific sou	OM NON-SPECIFIC	SOURCES. Enter the f	four—digit number from 4	10 CFR Part 261.31 f	or each listed hazardous
	2	3	. 4	5	6
23 - 26	23 - 25 B	23 - 24	23 - 26	23 - 26	23 - 26
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES FRO specific industrial sources: you	OM SPECIFIC SOUR(or installation handles	CES. Enter the four—di . Use additional sheets	git number from 40 CFR if necessary.	Part 261.32 for each	listed hazardous waste from
13 K 0 5 2	14	15	16	17	18
19	20	21 - 26	22 26	23 - 26	23 - 26
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
23 - 26	23 7 26	23 - 25	7.3 - 26	23 - 25	23 - 25
C. COMMERCIAL CHEMICAL stance your installation hand	PRODUCT HAZARD les which may be a ha	OUS WASTES. Enter zardous waste. Use add	the four—digit number fro litional sheets if necessary	om 40 CFR Part 261.	33 for each chemical sub-
31	32	33	34	35	36
37	38	39	40	23 - 26 41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 25	23 - 26
23 - 26	23 - 26	23 26	23 - 26	23 - 26	23 26
D. LISTED INFECTIOUS WAS hospitals, medical and research	TES. Enter the four- ch laboratories your in	digit number from 40 (stallation handles. Use	OFR Part 261.34 for each additional sheets if neces	listed hazardous was ssary.	te from hospitals, veterinary
23 - 26	50	51	52	53	54
E. CHARACTERISTICS OF NO hazardous wastes your install	ON-LISTED HAZAR ation handles. (See 4	DOUS WASTES. Mark O CFR Parts 261.21 — 2	"X" in the boxes corresp 261.24.)	onding to the charac	teristics of non-listed
D001)	(D00	2. CORROSIVE 12)	3. REACT (D003)	IVE	4. TOXIC [D000]
X. CERTIFICATION	and the all the				

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print) DATE SIGNED Manager of Environmental

Affairs and Pipeline Safety

8-8-80

EPA Form 8700-12 (6-80) REVERSE

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency

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EPA Form 8700-12 (Rev. 10/09/96)

- 1 of 2 -

Ch11)24/99

Form Approved, OMB No. 2050-0028 Expires 10/31/99 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only GSA No. 0246-EPA-OT ID - For Official Use Only VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; refer to instructions) A. Hazardous Waste Activity B. Used Oil Recycling Activities ☐ 3. Treater, Storer, Disposer (at Installation) Note: A 1. Used Oil Recycling Marketer 1. Generator (See instructions) ☐ a. Greater than 1000kg/mo (2,200 lbs.) permit is required for this activity; see □ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner ☐ b. 100 to 1000 kg/mo (200-2,200 lbs) instructions. ☐ b. Marketer Who First Claims the Used Oil ☐ c. Less than 100kg/mo (220 lbs) 4. Hazardous Waste Fuel Meets the Specifications 2. Transporter (Indicate Mode in boxes 1-5 below) ☐ a. Generator Marketing to Burner 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) □ b. Other Marketers ☐ c. Boiler and/or Industrial Furnace a. Utility Boiler a. For own waste only ☐ b. Industrial Boiler ☐ 1. Smelter Deferral ☐ b. For commercial purposes ☐ 2. Small Quantity Exemption ☐ c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Mode of Transportation Activity(ies) Indicate Type of Combustion Device(s) □ 1. Utility Boiler □ a. Transporter □ 1. Air ☐ b. Transfer Facility ☐ 2. Industrial Boiler ☐ 2. Rail 4. Used Oil Processor/Re-refiliner - Indicate Type(s) ☐ 3. Highway ☐ 3. Industrial Furnace of Activity(ies) ☐ 4. Water 5. Underground Injection Control ☐ a. Process ☐ 5. Other - specify ☐ b. Re-refine IX. Description of Hazardous Wastes (Use additional sheet if necessary) A. Characteristics of Nonlisted Hazardous Wastes. (Mark an 'X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) 1, Ignitable 2. Corrosive 3. Reactive 4. Toxicity (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) (D001) (D002) (D003) Characteristic B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.) C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name and Official Title (Type or Print) Signature **Environmental Specialist** XI. Comments Installation contact name and phone number change

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses).



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER		• ILD000673053	RE	ACKN	OWLE	DGEME	TNE
	•	WHILLIAMS PIPE LIN 10801 FRANKLIN AVE FRANKLIN PARK	NE III	COMP	ANY	6Q	31
NSTALLATION ADDRESS		10601 FRANKLIN AVE	Ē:		ΙĹ	60	131

EPA Form 8700-12B (4-80)

09/28/81

APR 0 4 1982

Pr. Bradley D. Oberg Special Assignment Supervisor Williams Pipe Line Company Central Division King's Cove Office Park Suite 270 10200 Fest 78th Street Shawnee Mission, Pansas 16204

"car Fr. Cherg:

14 Done 673653

Thank you for your latter of April 26, 1052, requesting confirmation of "the status of K052" (hazardous waste).

1052 is the U.S. Environmental Protection Agency Nazardous waste number which identifies tank bottoms (leaded) from the petroleum refining industry (10 75), §261.32). It is a listed hazardous waste generated from a specific source - the petroleum refining industry. It must be managed in conformance with the requirements of 60 CFC. It is our interpretation that this designation applies only to the maste generated prior to the transportation of the petroleum product from the refinery.

Therefore, if the same generic waste is generated in a petroleum piceline which is used to transport a product, it would not be designated as 0.052. However, this waste may be becareous by virtue of exhibiting characteristics identified in CFR Part 200, Subpart 0, and it should be analyzed for ignitability, reactivity, corrosivity, and EP toxicity. If the waste does indeed exhibit any of these characteristics it must be canaged in accordance with the regulations specified in 40 CFR.

I wish also to call your attention to the provisions of 40 CFP, 3261.4(c) which exempts hazardous wastes that are generated in a pipeline from RCDA regulations until they exit the pipeline, or are in the pipeline for more than 90 days after the unit ceases to be operated. This regulation may affect the manner in which you wish to manage your waste.

Please feel free to contact me at (312) 026-6139, for further information.

Sincerely yours,

Sale S. Prosta Physical Scientist

C. HPMSk7:5191:5M9-TUR:6-7044:5/2/32

0310965121

Please refer to Section V. Line-by-Line instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation; and

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

required by law (Section 3010 of the Resource Conservation and Recovery Act). United States Enviror	mental Protection Agency	1 2000
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	A STATE OF THE STA	
A. Initial Notification B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number TLP00000730	0 5 3 5
II. Name of Installation (Include company and specific site name		
WILLIAMS PIPELI	NE-CHICAGO	
III. Location of Installation (Physical address not P.O. Box or Ro		THE PLANT
Street	D P O P I	
10601 FRANKLIN Street (Continued)	AVENUE	
	IAN O.E	2001
City or Town	RCRA RECUR	DS ROOM
FRANKLIN PARK	State Zip Code	Toxics Division REGION 5
County Code County Name	3	
031COOK		
IV.:Installation:Mailing Address (See instructions)		
Street or P.O. Box	Carlotte Car	* # #* #X #
same		
City or Town	State Zip Code	
		1 1 1
V. Installation Contact (Person to be contacted regarding waste	activities at site)	
V. Installation Contact (Person to be contacted regarding waste Name (Last)	activities at site) (First)	
Name (Last)	(First) BRIAN	
Name (Last) SIEBEN	(First)	
Name (Last) SIEBEN Job Title ENV SPECIALIST	(First) BRIAN	
Name (Last) SIEBEN Job Title ENV SPECIALIST WI Installation Contact Address (See instructions)	(First) BRIAN	
Name (Last) SIEBEN Job:Title ENV SPECIALIST VI. Installation Contact:Address: (See instructions) A: Contact Address Location Mailing B: Street or P.O. Box	(First) BRIAN Phone Number (Area Code and Number) 913-310-773	
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Name (Last) SIEBEN Job.Title: ENV SPECIALIST VI. Installation Contact Address (See Instructions) A. Contact Address Location Mailing: B. Street or P.O. Box 13424 WEST City; or: Town: SHAWNEE Instructions)	(First) B R I A N	
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Name (Last) SIEBEN Job:Title ENV SPECIALIST VII Installation Contact Address (See Instructions) A. Contact Address Location Mailing B. Street or P.O. Box City; or:Town: SHAWNE CENSTRUCTIONS) A. Name of Installation's L'egal Owner: WILLE AMS PLEEL Street; P.O. Box; or Route Number: POBOX 3448	(First) BRIAN Phone Number (Area Code and Number) 913-310-7731 98+HSHCES State Zip Code KS 66215-	
Name (Last) SIEBEN Job:Title ENV SPECIALIST VII Installation Contact Address (See Instructions) A. Contact Address Location Mailing B. Street or P.O. Box City; or:Town: SHAWNE CENSTRUCTIONS) A. Name of Installation's L'egal Owner: WILLE AMS PLEEL Street; P.O. Box; or Route Number: POBOX 3448	(First) B R I A N Phone Number (Area Code and Number) 9 1 3 - 3 1 0 - 7 7 3 1 9 8 + H S H C C - State Zip Code K S 6 6 2 1 5 - State Zip Code C C Owner Type D. Change of Owner Date	a Changed
Name (Last) SIEBEN Job Title ENV SPECIALIST VI Installation Contact Address (See Instructions) A Contact Address Location Mailing B. Street or P.O. Box I3424 WEST City-or:Town SHAWNE OF Instructions) AL Name of Installation's: Legal Owner: WILLEAMS PIPEL Street; P.O. Box; or Route Number: POBOX 3448 City-or:Town TULSA City-or:Town	(First) B R I A N Phone Number (Area Code and Number) 9 1 3 - 3 1 0 - 7 7 3 1 9 8 + H S H C C C - State ZIp Code KS 6 6 2 1 5 - State Zip Code C 7 4 1 0 1 - C. Owner Type D. Change of Owner Indicator No No	

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IEPA-DLPC

			ID - For Offici	al Use Only
VIII. Type of Regulated Waste Activity (Mark 'X" in the appropriate	boxes. Refer to in	structions)	
A. Hazardous	Waste Activities		C. Used Oil M	lanagement Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxe 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	required for instructions. 4. Exempt Boiler Furnace a. Smelting, Ming Furnace b. Small Quant Exemption	lote: A permit is this activity, see and/or industrial	Facility - Activity(I a. Transp b. Transp 2. Used OII Indicate a. Proces b. Re-refi 3. Off-Spec 4. Used OII a. Market of Off- Used O b. Market Used O	oorter er Facility Processor/Re-refiner - Type(s) of Activity(les) ssor
B. Universal	Waste Activity		*	
Large Quantity Handler of Universal W	/aste			
IX. Description of Hazardous Wastes (L	Ise additional sheets if nec	essary)		
A. Listed Hazardous Wastes. (See 40 Cl	FR 261.31 - 33; See instruc	tions if you need to	o list more than 12 wa	ste codes.)
1 2	3	4	5	6
F005				
7 8	9	10	11	12
				. '
B. Characteristics of Nonlisted Hazardo nonlisted hazardous wastes your installa to list more than 4 toxicity characteristic 1: Ignitable 2: Corrosive 3: Reactive 4: Toxicit (D001) (D002) (D003) Characteristic	ation handles; See 40 CFR waste codes.) (List specific EPA hazardo	Parts 261.20 - 261	24; See instructions	if you need
C. Other Wastes (State-regulated or office	r wastes requiring a handl	er to have an l.D. n	umber, See instruction	ons.)
1 #22	3	4	5.	6
X. Certification:				
I certify under penalty of law that this docume a system designed to assure that qualified p the person or persons who manage the syst submitted is; to the best of my knowledge at submitting false information, including the p	ersonnel properly gather a tem, or those persons dire nd belief, true, accurate, ar	nd evaluate the info ctly responsible fo id complete. I am a	ormation submitted.:: r gathering the inform aware that there are s	Based on my inquiry of matter in the information in
Signature	Name and Official	Title (Type or pr	int) CONMONAU	Date Signed
Mariete	BRIAN SIE	SEN SPEZ	1ALIST	11/21/00
XIComments				
en Million and the second of t	Signed And Signed Signed	No. 27.23	4 (1 ¹)	Total Communication Section